

KENTUCKY LAW ENFORCEMENT COUNCIL
Peace Officer Professional Standards
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FORM G-1

MEDICAL EXAMINATION REPORT

This information is for official use only and will not be released to unauthorized persons.

INSTRUCTIONS:

To be completed by either a physician or surgeon licensed to practice medicine in Kentucky or by a physician or surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S Armed Forces following an actual physical examination. **The original or a copy of this report must be retained in personnel file by the employing agency.**

Date: _____

Name: _____
Last First Middle

Date of Birth: _____

Height: _____ Weight: _____

- ☐ **Well nourished**

☐ **Obese**

☐ **Muscular**

VISION

Visual activity: If applicant wears glasses or contacts, test and record acuity with and without glasses

Without glasses:	R- 20/ _____	L - 20/ _____	Both - 20/ _____
With glasses:	R- 20/ _____	L - 20/ _____	Both - 20/ _____

Depth Perception: ☐ Normal ☐ Abnormal: _____

Color Perception: ☐ Normal ☐ Abnormal: _____

Peripheral Vision: ☐ Normal ☐ Abnormal: _____

HEARING

Hearing Acuity: ☐ Audiogram –or– ☐ 15' whispered conversation (check one)

Right Ear: ☐ Normal ☐ Abnormal: _____

Left Ear: ☐ Normal ☐ Abnormal: _____

CARDIOVASCULAR

Blood Pressure: _____ Resting Pulse: _____

Cardiac Examination: ☐ Normal ☐ Abnormal: _____

Peripheral Circulation: ☐ Normal ☐ Abnormal: _____

EKG: ☐ Indicated by hx or exam: _____

Abnormal Details

Normal

☐ HEENT: _____
☐ LUNGS: _____
☐ ABDOMEN: _____
☐ MUSCULOSKELETAL _____
☐ GENITOURINARY: _____
☐ NEUROLOGICAL: _____
☐ SKIN: _____

URINALYSIS: ☐ Normal ☐ Abnormal: _____

TB SKIN: ☐ Negative ☐ Positive

Are there any conditions, physical, emotional or mental which, in your opinion, suggest further suggest further examination prior to employment?

☐ No ☐ Yes

Do you have any reservations about this candidate's ability to physically perform required duties?

☐ No ☐ Yes _____

I have read and fully understand the Medical Screening Guidelines Implementation Manual for the Certification of Peace Officers in the Commonwealth of Kentucky.

Name and Address of
Physician-**Typed**

Physician's Signature

Date

